



Patient label placed here (if applicable) or if labels are not used, minimum information below is required.

Name (last first)
Birthdate (yyyy-Mon-dd)
Gender
PHN

### Diabetes In Pregnancy Clinics Referral

**Fax completed referral form, prenatal record, relevant lab data, physician consult letters, and recent fetal ultrasound (if applicable) to one of the following sites:**

**FMC** Phone: 403-944-2122 Fax: 403-776-3836    **RGH** Phone: 403-943-3495 Fax: 403-776-3838  
**PLC** Phone: 403-943-4862 Fax: 403-776-3837    **SHC** Phone: 403-956-2578 Fax: 403-776-3839

Date (yyyy-Mon-dd)	Select Delivery Site <input type="checkbox"/> FMC <input type="checkbox"/> RGH <input type="checkbox"/> PLC <input type="checkbox"/> SHC		
Referring Physician _____	PRACID _____		
Family Physician, if different _____	PRACID _____		
<b>Pregnancy Information</b>			
LMP (yyyy-Mon-dd) _____	EDC (yyyy-Mon-dd) _____		
Patient's email address _____			
<b>Gestational Diabetes Mellitus</b> Please provide a prescription for home glucose monitoring supplies and provide to patient or return it with your referral (please note, pharmacy may require original prescription)			
GDM in a previous pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No	Glucose Screen _____ mmol/L		
75 g Oral Glucose Tolerance Test Fasting _____ mmol/L    1 hour _____ mmol/L    2 hour _____ mmol/L			
<b>Pre-Existing Diabetes</b>			
<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> IGT/ IFG (pre-diabetes)	<input type="checkbox"/> Pregnant <input type="checkbox"/> Pre-Conception		
Date of Diagnosis (yyyy-Mon-dd) _____			
Hgb A1C _____ %    Date (yyyy-Mon-dd) _____			
Current Medications _____ _____			
<b>Factors that may affect learning</b>			
<input type="checkbox"/> Language other than English (indicate primary) _____	<input type="checkbox"/> Psychological <input type="checkbox"/> Economic	<input type="checkbox"/> Physical limitations	
<input type="checkbox"/> Other _____			
<b>Note</b> Referring Physician assumes continued medical care for diabetes in pregnancy until patient is assessed by Endocrinologist, as per clinic protocol. For patients with pre-existing diabetes, family physician will be informed of plan for postpartum diabetes care.			
Other Physician Comments/Orders _____ _____			
Physician's signature	Date (yyyy-Mon-dd)	Pager or contact number	

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